

Hopedale Park Commission
P.O. Box 7, Town Hall, Hopedale, MA 01747
508-634-2203 x302 / parks@hopedale-ma.gov

2017 Park Department Tennis Registration

CONTACT INFORMATION (Parent or Guardian)

Name: _____ *Signature (required): _____

* By signing this form I waive the Town of Hopedale, it's representatives and employees, from any liability or damages resulting from injuries incurred to family participants as a direct or indirect result of participation in this program; and that I have read and agree to abide by all [program guidelines](#).

Address: _____ Email (required): _____

Home/Work Phone: _____ Cell #: _____ Do you use Twitter? circle Y / N

Emergency Contact Name and Phone #: _____

Any known allergies or health concerns for any applicants? _____

PARTICIPANTS Total # per family: _____ Total Check Amount: _____

Youth: \$30 first child, \$10 each additional/per session
Adult: \$70 per session Intro Program: \$10 per child (Ages 4-6)

NAME: _____ Age: _____ NAME _____ Age: _____

Session(s) circle: 1 2 3 (limit 2)

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Time(s): _____

Time(s): _____

Level circle: INTRO BEG INT ADV CHP ADULT

Level circle: INTRO BEG INT ADV CHP ADULT

NAME: _____ Age: _____

NAME _____ Age: _____

Session(s) circle: 1 2 3 (limit 2)

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Time(s): _____

Time(s): _____

Level circle: INTRO BEG INT ADV CHP ADULT

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Drop off form with payment (Check only - NO CASH) at Town Hall or mail to:
Park Dept. Tennis, Town Hall, P.O. Box 7 Hopedale, MA 01747

Park Dept Use: Rcvd By: _____ Date: _____ CH#: _____ T otal: _____